

**Form CCV**TC0003  
7-27-04**Credit Card Payment Voucher**

8734

Credit Card Account # _____	Expiration Date ____/____/____	Payment \$ _____
Billing Address for the Credit Card _____	Street _____	City _____ State _____ Zip _____

Name of Card Holder \_\_\_\_\_

Contact Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Taxpayer Name or Business Name if different from Credit Card Holder \_\_\_\_\_

This payment is for:

- Individual Income Tax - Tax Year Ending MO \_\_\_\_ YR \_\_\_\_  
Primary SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Spouse's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Business Income Tax - Tax Year Ending MO \_\_\_\_ YR \_\_\_\_  
Business EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Permit Based Tax - Tax Period Ending MO \_\_\_\_ YR \_\_\_\_  
Business EIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Sales Tax Account # \_\_\_\_\_
- Withholding Account # \_\_\_\_\_
- \_\_\_\_\_ Tax Account # \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Check applicable box.

☐

MasterCard

☐

VISA

☐

Discover

----- CUT HERE -----

**Return this voucher only if you are making a payment by credit card.**

You can use your MasterCard, VISA, or Discover card to pay any Idaho taxes you owe. You may pay the balance due or make an extension payment, pay estimated taxes, or pay amounts owed for prior years.

To make a payment by credit card, attach this form to the front of the tax return and mail to the address indicated on the return. If you want to mail your payment separately, mail this form to:

Idaho State Tax Commission  
P O Box 83784  
Boise ID 83707-3784